

EXHIBIT 7 HUH
DATE 2-6-09
HB 325

February 4, 2009

Representative Arlene Becker, Chair
House Human Services Committee
Montana State House of Representatives
PO Box 200400
Helena, MT 59620-0400

Madam Chair and Members of the Committee:

For the record, my name is Lawrence D. Brouwer, MD, representing my self. I would like to be listed on the record as a supporter of HB325 with the bill sponsor's recommended amendments. This legislation will allow me the full evidence-based menu of screening in which to recommend to my patients how best to be screened based on guidelines for colorectal cancer.

In Montana, there were an estimated 520 new colorectal cancer cases and an estimated 160 colorectal cancer related deaths in 2008. Colorectal cancer is the third most commonly diagnosed cancer and the third most common cause of cancer death in the United States. While these numbers are tragic and staggering, we know that up to 90% of these deaths would have been prevented if the American Cancer Society colon cancer screening guidelines were followed.

As you well know, screening and early detection saves lives. The lack of health insurance coverage availability for these life-saving screenings is a major barrier in our state. Twenty-six states and the District of Columbia have adopted colon cancer screening mandate legislation, and since passage these states are making huge strides in reducing the number of colon-cancer related deaths.

As a primary care provider who does colonoscopy in Montana, I too often see patients who get their colonoscopies after the guideline recommended age. All too frequently these patients have colon cancers that, I feel, could have been prevented. On many occasions, the reason the person did not receive screening earlier is because they could not afford it or it was not a covered benefit under their insurance plan. When questioned, patients will tell me they planned to delay screening until they were on Medicare at age 65, which covers screening colonoscopy. The lack of coverage validates the patients sense that they can wait till age 65 to address this issue. This is too late to initiate screening. There is strong scientific evidence to support screening beginning at age 50.

Had these individuals begun screening at the recommended age they would have likely never gotten to the point of having cancer. Insurance carriers need to follow the accepted guidelines and the lead of Medicare.

Thank you for keeping decisions between providers and their patients. Thank you for your consideration of HB325.

Respectfully Submitted,

Lawrence D. Brouwer, MD
Ravalli Family Medicine
Hamilton, MT

February 5, 2009

Representative Arlene Becker, Chair
House Human Services Committee
Montana State House of Representatives
PO Box 200400
Helena, MT 59620-0400

Madam Chair and Members of the Committee:

For the record, my name is Jay D. Taylor, M.D. I would like to be listed on the record as a supporter of HB325 with the bill sponsor's recommended amendments. This legislation will allow me the full evidence-based menu of screening in which to recommend to my patients how best to be screened based on guidelines for colorectal cancer.

In Montana, there were an estimated 520 new colorectal cancer cases and an estimated 160 colorectal cancer related deaths in 2008. Colorectal cancer is the third most commonly diagnosed cancer and the third most common cause of cancer death in the United States. While these numbers are tragic and staggering, we know that up to 90% of these deaths would have been prevented if the American Cancer Society colon cancer screening guidelines were followed.

As you well know, screening and early detection saves lives. The lack of health insurance coverage availability for these life-saving screenings is a major barrier in our state. Twenty-six states and the District of Columbia have adopted colon cancer screening mandate legislation, and since passage these states are making huge strides in reducing the number of colon-cancer related deaths.

I am a Family Physician practicing in Conrad who does colonoscopies and I see the results daily. Each polyp I remove means one more colon cancer avoided. It is a very safe and effective screening method if done by skilled physicians. The short term cost, I think, more than pays for itself in the long term. Please help us continue to provide quality, standard of care to our patients in Conrad and around the state.

Thank you for keeping decisions between providers and their patients. Thank you for your consideration of HB325.

Respectfully Submitted,

Jay D. Taylor, M.D.